



FREE TIME POLICY & TEMPORARY ABSENCE (FROM THE PROGRAM) FORM

I assume all responsibility for activities in which I engage during all times of **Canadian Summer School in Germany** (henceforth known as **the Program**) when I am not involved in formal course work. I understand that the Program requires my residence in Germany for its entirety. I agree to remain in Germany on holidays and weekends during the program and that personal travel and overnight stays outside of Kassel are permitted on holidays and weekends upon completion of this “Temporary Absence Form.” Due to the nature of the location of the Program, I will travel with a friend or colleague whenever possible and where not possible, I will advise those I am working with or living with as to my course work, plans or activities, and the locations of the latter. I also recognize that I am a representative of Saint Mary’s University while on the Program whether I am conducting course work or on free time and my conduct will always reflect this representation.

I will assume all responsibility for activities in which I engage during my upcoming absence from the Program. In compliance with Saint Mary’s University Risk Management protocols, I have provided an itinerary of my plans and activities and the locations of these including my departure and return dates to the program. I have also provided contact information including but not limited to hotel or family accommodations, train or bus numbers, personal telephone numbers, and email addresses where applicable.

ITINERARY **Departure Date** _____ **Return Date** _____

Address of where I will be staying: _____

Current mobile phone number: _____

I ACKNOWLEDGE that I have read and understood this agreement; that I appreciate and accept the risks associated with the Program and my temporary absence from it; that I am waiving legal rights which I or my heirs, next of kin, executors, administrators, and legal representatives may have against Saint Mary’s University; and that I have executed this agreement voluntarily.

SIGNED THIS _____ day of _____, 20____ at _____.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (**Program Director**)

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS (CSSG Team Member)

Protection of Privacy

The personal information requested on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act of the Province of Nova Scotia* and will be protected by that Act. It will be used for the purpose of administration of records, student services, and university planning and research. Student’s personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and contracted or public health care providers as required.